

# NOTIFICATION OF INTENT

## TO IMPLEMENT A NEW CAREER AND TECHNICAL EDUCATION PROGRAM—SCHOOL YEAR 2006-2007

### Program Information

Contact Person:  Email:  Phone:

School:  District:  CTDS:  Date:

Address:  City:  Zip:  Program Physical Location:

New Program Name:  CIP:  Option(s) Programs with Options must specify which option(s) will be taught (i.e. A, B, C, D):

Will this program replace an existing program? ☐ Yes ☐ No Sunset Program Name:  Sunset Program CIP:

New Option for Existing Program? ☐ Yes ☐ No Program Name:  CIP:  New Option(s) (i.e. A, B, C, D):

**Affirm, by checking the appropriate boxes, that the following items are in place for the proposed program:**

- ☐ Community needs have been assessed: data indicates that there are opportunities for students for employment or continued training.
- ☐ Sufficient enrollment, staff, and facilities are in place to implement this program.
- ☐ Local employers have been and will continue to be involved in the formation of this program.
- ☐ In addition to classroom instruction, this program will include work-based learning experiences.
- ☐ A student organization will support this program (check the appropriate box): ☐ DECA ☐ FBLA ☐ FCCLA ☐ FFA ☐ SkillsUSA ☐ HOSA

### Planned Course Sequence

**Courses listed below must deliver the entire set of state-designated program competencies:**

Intended Grade Level	Course CIP per Handbook	Local Course Title	Implementation Date	Projected Enrollment	Teacher Name	Appropriate VTE/ CTE Certification
7-8						<input type="checkbox"/> Yes <input type="checkbox"/> No
9-10						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
11-12						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

### Signatures

We assure that this program will deliver state-approved Career and Technical Education program competencies, and that we will participate in all required reporting and data collection activities including student achievement for all program courses.

Teacher / Department Chair: \_\_\_\_\_ Date:

School Principal: \_\_\_\_\_ Date:

Local Vocational Director: \_\_\_\_\_ Date:

District Superintendent: \_\_\_\_\_ Date:

**Please Submit One Form For Each New Program and Option at Each Site – No Later Than June 15, 2006 – Fax: 602-542-1849**